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APPLICANTS

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**** CONTINUING DATA ******* *z*
 This application is a CIP of 09/448,950 11/24/1999 PAT 6,633,674

**** FOREIGN APPLICATIONS ******* *z*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>z</i> Initials	STATE OR COUNTRY IL	SHEETS DRAWING 12	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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TITLE
 METHOD AND SYSTEM FOR LOSSLESS WAVELET DECOMPOSITION, COMPRESSION AND
 DECOMPRESSION OF DATA

FILING FEE RECEIVED 1562	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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